

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Consumer and Regulatory Affairs**  
**Occupational and Professional Licensing Administration**

**SUPPLEMENTAL INFORMATION**

NAME (LAST FIRST MIDDLE INITIAL)	Type of License
ADDRESS (STREET CITY STATE ZIP)	Date of Application

**THIS FORM SHOULD  
BE COMPLETED BY:**

Optometrist  
Podiatrist  
Veterinarian

**TO BE COMPLETED BY ALL APPLICANTS**

1. References (list three professionals)

Name

Address


2. How long have you practiced your profession? \_\_\_\_\_
3. On a separate sheet list the addresses and dates of your practices and the names of employers or associates.
4. Are you addicted to the use of drugs, narcotics or intoxicants? ☐ Yes ☐ No
5. Certificate of Moral Character to be signed by reputable persons.

This certifies that we have been personally acquainted with \_\_\_\_\_ of \_\_\_\_\_ for a period of not less than five (5) years; that he/she is not addicted to the intemperate use of alcohol or narcotic drugs that we know him/her to be of good moral character and hereby recommend him/her as being worthy to be licensed to practice in the District of Columbia pursuant to law.

Signature and Printed Name

Address

(1) _____	_____
(2) _____	_____
(3) _____	_____

**TO BE COMPLETED BY OPTOMETRIST APPLICANTS**

6. Have you taken the National Board Examination? \_\_\_\_\_ When? \_\_\_\_\_ Passed? \_\_\_\_\_
7. Have you contributed to the optometric literature? \_\_\_\_\_ If so, please attach a bibliography.
8. Have you received any honors, awards or fellowships? \_\_\_\_\_ If so, please list here. \_\_\_\_\_
9. Have you had special optometric training, or do you have any special optometric skills? \_\_\_\_\_ If so, please indicate \_\_\_\_\_

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SUPPLEMENTAL INFORMATION FORM  
(Please print in ink or type)

TO BE COMPLETED BY  
OPTOMETRISTS

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Name (Last, First, Middle Initial)

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Address (Street, City, State, Zip Code)

1. I certify that *I have read and fully understand the regulations and rules governing the practice of optometry in the District of Columbia.*

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*Signature*

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